

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-0855.M5

MDR Tracking Number: M5-04-3194-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 05-24-04. Dates of service 05-21-03 and 05-22-03 were not timely filed per Rule 133.308(e)(1).

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, therapeutic exercise, myofascial release and joint mobilization were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 05-27-03 through 06-05-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 1st day of September 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

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NOTICE OF INDEPENDENT REVIEW DECISION

August 23, 2004

Re: IRO Case # M5-04-3194, amended 8/27/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a

claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Explanation of benefits
3. RME review 7/24/03
4. Case review 11/9/03
5. Reviews 8/17/03, 10/9/03
6. Designated medical exam reports 10/8/03, 4/12/04
7. TWCC 69 reports 10/8/03, 4/12/04
8. Report from treating D.C. 4/24/03
9. MRI reports right ankle 10/15/03, 4/4/03
10. Employers first report of injury ____
11. Report 2/9/03
12. Orthopedic and other M.D. reports

History

The patient injured his right ankle in ____ when his foot stuck in a grid 12 feet above ground. When he pulled it loose he fell to the ground, landing on his right ankle. He initially went to the ER, where x-rays were obtained and the patient was given a splint. He has been seen by several doctors, and MRIs of the right ankle have been obtained. The patient has been treated with physical therapy, medication, a steroid injections and chiropractic treatment.

Requested Service(s)

OV, therapeutic exercises, therapeutic activities, myofascial release, joint mobilization
5/27/03 – 6/5/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

According to the documentation provided for this review, the patient had an adequate trial of physical therapy prior to the dates in dispute without relief of symptoms or improved function. According to the treating D.C.'s report of 4/24/03, the conservative treatment that the patient had received actually aggravated his condition. The D.C.'s documentation fails to show any subjective relief in the patient's pain level from initiation of treatment through the dates in dispute. The documentation also fails to show any objective improvement in range of motion, strength, gait, and palpatory findings. Based on the records provided for review, there is no reason that the patient could not have been on a home exercise program after the initial physical therapy sessions that were prior to the dates in this dispute. Treatment was excessive, not cost effective, and lacked objective, quantifiable findings to support the treatment in this dispute.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.